

get the facts

Irritable Bowel Syndrome and Complementary Health Practices



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As many as one in five Americans have symptoms of irritable bowel syndrome (IBS). Many people with IBS turn to complementary health practices to help relieve their symptoms. This fact sheet provides basic information on IBS and “what the science says” about complementary products and therapies for this condition. If you are considering any of these practices, this information can help you talk to your health care provider.

Key Points

- No complementary health practice has been definitely shown to be helpful for IBS.
- Dietary supplements, including those used for IBS, can cause medical problems if not used correctly, and some may interact with prescription or nonprescription medicines or other dietary supplements.
- Tell all your health care providers about any complementary health practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.

About IBS

IBS is a chronic disorder that interferes with the normal functions of the colon. IBS is characterized by symptoms such as abdominal pain, cramping, bloating, constipation, and diarrhea. IBS often starts between the ages of 20 and 30, but children can also experience symptoms. IBS is twice as common in women as it is in men and can be disabling and seriously affect a person’s quality of life physically, psychologically, socially, and economically. A person with IBS may have other, co-existing chronic pain conditions. Such conditions can include chronic fatigue syndrome, endometriosis, fibromyalgia, interstitial cystitis (painful bladder syndrome),

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temporomandibular joint dysfunction, and vulvodynia (chronic vulvar pain). It is not known whether these disorders share a common cause. IBS may also exist with psychiatric conditions such as anxiety and depression.

Researchers have not yet discovered a specific cause of IBS. IBS is often considered a functional disorder. For example, one theory is that the muscles and nerves in the bowel are extra sensitive in people with IBS—muscles may contract too much during or shortly after a meal, or nerves may react when the bowel stretches, causing cramping, diarrhea, or pain. A previous infection in the gastrointestinal tract or an imbalance in serotonin are also possible causes of IBS. Stress, large meals, medicines, certain foods, and alcohol may also be triggers for IBS symptoms.

There is no known cure for IBS, but there are options that can be helpful in controlling the symptoms. Treatments may include:

- Dietary changes (eating smaller meals, avoiding foods that tend to trigger IBS symptoms)
- Medicine (antispasmodics, antidepressants, diarrhea and constipation treatments, and over-the-counter medications such as fiber supplements and laxatives)
- Stress management (including cognitive behavioral therapy, counseling and support, regular exercise, lifestyle changes, and adequate sleep).

Although IBS can be painful, it does not damage the colon or other parts of the digestive system, and it has not been shown to lead to other serious gastrointestinal diseases. Symptoms of IBS are similar to those of other intestinal disorders such as Crohn's disease and ulcerative colitis; however, they are not related.

Complementary Health Practices for IBS

People with IBS can often control their symptoms by diet, medication, or stress management. However, many people find that their symptoms persist despite these treatments, or the medications they take may cause adverse effects or even worsen symptoms. They may therefore be interested in complementary health practices such as

- Acupuncture
- Herbal remedies
- Hypnotherapy
- Meditation
- Peppermint oil
- Probiotics
- Reflexology
- Relaxation therapies
- Yoga.

About Scientific Evidence on Complementary Health Practices

Scientific evidence on complementary health practices includes results from laboratory research (e.g., animal studies) as well as clinical trials (studies in people). It provides information on whether a practice is helpful and safe. Scientific journals publish study results, as well as review articles that evaluate the evidence as it accumulates; fact sheets from the National Center for Complementary and Alternative Medicine (NCCAM)—like this one—base information about research findings primarily on the most rigorous review articles, known as systematic reviews and meta-analyses.

What the Science Says

IBS is challenging to study because its symptoms vary and may disappear for long periods, and because people with IBS tend to respond well to placebos.

This section summarizes research on some of the most popular complementary health practices for IBS. Overall, although there is some emerging evidence suggesting that some of these practices may be helpful for IBS, there have been few large well-designed studies, and most of the studies have had methodological flaws.

- **Hypnotherapy (hypnosis)**, which involves the power of suggestion by a trained hypnotist or hypnotherapist during a deep state of relaxation, is the most widely used mind and body intervention for IBS. Gut-directed hypnotherapy—a specialized form of hypnosis that uses hypnotic induction with progressive relaxation and other techniques, followed by imagery directed toward the gut—is also popular. According to multiple systematic reviews of the research literature, hypnotherapy may be a helpful treatment for managing IBS symptoms. Several studies of hypnotherapy for IBS have shown substantial long-term improvement of gastrointestinal symptoms as well as anxiety, depression, disability, and quality of life.
- **Herbal remedies** are commonly used for IBS symptoms. Much of the research on these remedies has been done in China. A systematic review of clinical trials for 71 herbal remedies found limited evidence suggesting that some of these herbal remedies might help improve IBS symptoms including abdominal pain, constipation, and diarrhea. However, the review emphasizes that the studies were generally of poor quality.
- **Peppermint oil** is often used to treat IBS. Results from studies are mixed, but there is some evidence that enteric-coated¹ peppermint oil capsules may be modestly effective in reducing several common symptoms of IBS—especially abdominal pain, bloating, and gas. Non-enteric coated forms of peppermint oil may cause or worsen heartburn symptoms.
- **Probiotics**—live microorganisms (usually bacteria) that are similar to microorganisms normally found in the human digestive tract—have been associated with an improvement in IBS symptoms compared with placebo. Studies suggest decreases in some patients' abdominal pain, bloating, and gas. *Bifidobacterium* and *Lactobacillus* strains have both been studied for their potential use in preventing and managing IBS symptoms.

¹ Enteric-coating allows the peppermint oil to pass through the stomach unaltered so it can dissolve in the intestines. Note: If coated peppermint oil capsules are taken at the same time as medicines such as antacids, this coating can break down more quickly and increase the risk of heartburn and nausea.

- Experimental trials have indicated that **acupuncture** has some positive effect on quality of life in people with IBS; however, systematic reviews have concluded that there is no convincing evidence to support the use of acupuncture for the treatment of IBS symptoms.

Evidence for other complementary health practices sometimes tried in treating IBS—including **melatonin, meditation, reflexology, yoga**, and herbal remedies such as **artichoke**—is too limited to draw any conclusions about effectiveness.

NCCAM Research on IBS

NCCAM-supported research on IBS has looked at the following therapies:

- Acupuncture
- Probiotics for IBS symptoms in children
- Traditional Chinese medicine
- Mindfulness meditation versus support groups
- Supportive patient-provider relations.

NCCAM-funded researchers are also looking at using brain-imaging techniques to study how a placebo might relieve pain in people with IBS.

If You Are Considering Complementary Health Practices for IBS

- Do not replace scientifically proven treatments with health products or therapies that are unproven. Do not use a complementary health practice as a reason to postpone seeing your health care provider about IBS symptoms or any other medical problem.
- Talk with the health care providers you see for IBS. Tell them about the complementary health practice you are considering and ask about its safety, use, and likely effectiveness.
- If you are considering a practitioner-provided complementary therapy such as hypnotherapy or acupuncture, ask a trusted source (such as your health care provider or a nearby hospital) to recommend a practitioner. Find out about the training and experience of any practitioner you are considering. To learn more, see the NCCAM fact sheet *Selecting a Complementary Health Practitioner* (nccam.nih.gov/health/decisions/practitioner.htm).
- If you are considering taking dietary supplements, such as herbal remedies, keep in mind that they can act in the same way as drugs. Dietary supplements can cause medical problems if not used correctly, and some may interact with prescription or nonprescription medications or other dietary supplements you take. Your health care provider can advise you. If you are pregnant or nursing a child, or if you are considering giving a child a dietary supplement, it is especially important to consult your (or your child's) health care provider. To learn more, see the NCCAM fact sheet *Using Dietary Supplements Wisely* (nccam.nih.gov/health/supplements/wiseuse.htm).
- Tell all of your health care providers about any complementary health practices you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care. For tips about talking with your health care providers about

complementary and alternative medicine, see NCCAM's Time to Talk campaign at nccam.nih.gov/timetotalk/.

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For More Information

NCCAM Clearinghouse

The NCCAM Clearinghouse provides information on NCCAM and complementary health practices, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.

Toll-free in the U.S.: 1-888-644-6226

TTY (for deaf and hard-of-hearing callers): 1-866-464-3615

Web site: nccam.nih.gov

E-mail: info@nccam.nih.gov

National Digestive Diseases Information Clearinghouse

A service of the National Institute of Diabetes and Digestive and Kidney Diseases, the clearinghouse responds to inquiries, offers publications, and makes referrals. For a list of publications on irritable bowel syndrome, go to digestive.niddk.nih.gov/ddiseases/pubs/ibs.

Toll-free in the U.S.: 1-800-891-5389

Web site: www.digestive.niddk.nih.gov

PubMed®

A service of the National Library of Medicine (NLM), PubMed contains publication information and (in most cases) brief summaries of articles from scientific and medical journals.

Web site: www.ncbi.nlm.nih.gov/sites/entrez

ClinicalTrials.gov

ClinicalTrials.gov is a database of information on federally and privately supported clinical trials (research studies in people) for a wide range of diseases and conditions. It is sponsored by the National Institutes of Health and the U.S. Food and Drug Administration.

Web site: www.clinicaltrials.gov

MedlinePlus

To provide resources that help answer health questions, MedlinePlus (a service of the National Library of Medicine) brings together authoritative information from the National Institutes of Health as well as other Government agencies and health-related organizations.

Web site: www.medlineplus.gov

Information on IBS: <http://www.nlm.nih.gov/medlineplus/irritablebowelsyndrome.html>

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